## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS This form abould be used for maximing the SSUE FEE and RUBLICATION FEE (if required). Blocks I thought of should be completed where the property of the property

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of addre

65074 7590 MCNEES WALLACE & NURICK, LLC 100 PINE STREET

P.O. BOX 1166 HARRISBURG, PA 17108-1166 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope actaressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2853, on the date indicated below.

						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	2	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/596,747	05/08/2007		Joachim E. Klee		08563-0188-U1	1046
	i: ONE-PART SELF-ET	CHING, SELF-PRIMING	DENTAL ADHESIVE O	COMPOSITION		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1740	\$300	\$0	\$2040	07/18/2012
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
SASTRI, SATYA B		1762	524-555000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the (1) the names of up to			A. Zdurne
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternati	ively,	n l	rs.l. Hura
"Fee Address" indication (or "Fee Address" Indication form			(2) the name of a sing registered attorney or			1
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent atte listed, no name will be	omeys or agents. If a	no name is 3 Leoun	L Levin
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)		
PLEASE NOTE: Un	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assigned pletion of this form is NC	data will appear on the p of a substitute for filing an	patent. If an assign- assignment.	ee is identified below, the d	ocument has been filed for
CAN NAME OF A COL	CNIEE		(B) RESIDENCE: (CIT	Y and STATE OR C	OUNTRY)	
DENTSP	LY Interna	tional Inc.	York, Pf	A USA		
Please check the appropr	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🛛 Co	rporation or other private gre	oup entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply ar	y previous <b>ly paid</b> issue fee	shown above)
Issue Fee			A check is enclosed.			
☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number DYD-SSO_ (enclose an extra copy of this form).			
Advance Order - i	# of Copies		overpayment, to Dep	osit Account Number	ge the required fee(s), any de or 040 750 (enclose a	in extra copy of this form).
5. Change in Entity Sta			-			
a, Applicant clain	ns SMALL ENTITY stat	us. See 37 CFR 1.27.			L ENTITY status. See 37 C	
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if rec records of the United St	uired) will not be accept ales Patent and Trademar	k Office.	the applicant; a regi	stered attorney or agent; or the	ne assignee of other party in
Authorized Signature	VA			Date 4	(26)12	· ·
Typod or printed name David A. Zdurne				Registration N		
This collection of inform an application. Confiden	nation is required by 37 intiality is governed by 3	CFR 1.311. The informat 5 U.S.C. 122 and 37 CFF	ion is required to obtain or	retain a benefit by t stimated to take 12 i	he public which is to file (an minutes to complete, including mments on the amount of ti	d by the USPTO to process; ng gathering, preparing, and me you require to complete

submitting the completed application form to the Uthis form and/or suggestions for reducing his burder Box 1450, Alexandria, Virginia 22313-1440. DO No Alexandria, Virginia 22313-1450. TO. Time will vary depending upon the individual case. Any comments of the animal of this policy regular to should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.